

STATE OF SOUTH DAKOTA
COUNTY OF _____

IN MAGISTRATE COURT
_____ JUDICIAL CIRCUIT

**PLAINTIFF'S STATEMENT
OF SMALL CLAIMS**

Plaintiff Names or Business Name

vs.

SMC Case #: _____

Defendant Names or Business Name

Describe the basis for your claim: (use additional sheet if necessary)

Principal	\$ _____	(exclude interest and filing fees)
Interest	\$ _____	
Filing Fees	\$ _____	Small Claims Fee Calculator - http://ujs.sd.gov/Self_Help_Center/smallclaimscalculator
Plaintiff's Total	\$ _____	

____ Sheriff Service only – no certified mail

____ Sheriff/Personal Service requested if certified mail returned undelivered

Additional fees charged for service options listed above. It's the plaintiff's responsibility to contact the Sheriff's Office or process server for fee amounts and to file the Return of Service.

Signature of Plaintiff

Date